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B-14, Vidhyadhar Enclave - II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

General Physical Examination

Date of Examination: 04/08/2022

Name: DEEPAK KUMAR CHUGH Age: 37 Yr DOB: 22.06.1985 Sex: Male

Referred By: Bank of Baroda

Photo ID: I.D. Emp. ID #: 80080

Ht: 173 (cm) Wt: 75 (Kg)

Chest (Expiration): 94 (cm) Abdomen Circumference: 98 (cm)

Blood Pressure: 124/70 mm Hg PR: 64 / min RR: 18 / min Temp: Afebrile.

BMI 25

Eye Examination: R/E - 6/6 . N/6 , NCB , (with Glass)
L/E - 6/6 . N/6 , NCB . (with Glass)

Other: N/A

On examination he/she appears physically and mentally fit: Yes / ~~No~~

Signature Of Examine: ---------- **Name of Examinee:** Deepak Kumar CHUGH

Signature Medical Examiner : ---------- **Name Medical Examiner** Dr. U.C. Gupta

Dr. U. C. GUPTA
MBBS, MD (Physician)
RMC No. 291

बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम : दीपक कुमार चुघ
Name : Deepak Kumar Chugh
कर्मचारी कूट क्र.
E.C.No : 80080

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Holder's Signature

Dr. D. C. GUPTA
MBBS, MD (Phys.)
Regd. No. [illegible]

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NAME :- Mr. DEEPAK KUMAR CHUGH Patient ID :-12221570 Date :- 04/08/2022 10:35:34
Age :- 37 Yrs 1 Mon 12 Days Ref. By Doctor:-BANK OF BARODA
Sex :- Male Lab/Hosp :-
Company :- Mr.MEDI ASSIST TPA

Final Authentication : 04/08/2022 16:53:30

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.8	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.30	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	52.0	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.46	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	50.00	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	93.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	**31.1** L	g/dL	31.5 - 34.5
PLATELET COUNT	168	x10^3/uL	150 - 410
RDW-CV	**14.8** H	%	11.6 - 14.0
MENTZER INDEX	**17.03** H		0.00 - 0.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.
A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes: -
***Red Blood Cells (RBC),** which carry oxygen -
***White Blood Cells (WBC)**, which help in fighting against infections -
***Hemoglobin**, which is the oxygen carrying protein in the red blood cells -
***Hematocrit (HCT)**, the proportion of RBC to the fluid component, or plasma present in blood -
***Platelets,** which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method,. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName: MINDRAY BC-3000 Plus 3** part automatic analyzer,

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)	05	mm in 1st hr	00 - 15

Methord:- Westergreen

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	91.6	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm,
hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin
therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) Methord:- GOD PAP	95.5	mg/dl	70.0 - 140.0

Instrument Name: MISPA PLUS Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Methord:- CAPILLARY with EDTA	6.6	mg%	
MEAN PLASMA GLUCOSE	**143** H	mg/dL	
Methord:- Calculated Parameter			

Interpretation:

Hemoglobin A1c %	Degree of Glucose Control
< 6.0	Normal level
6.0 - 7.0	Near normal glycemia
7.0 - 8.0	Good control
> 8.0	Action suggested

Clinical Information:

Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes.

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HAEMATOLOGY

BLOOD GROUP ABO Methord:- Haemagglutination reaction	"O" POSITIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	220.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Methord:- GPO-TOPS methodology	152.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:MISPA PLUS **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Methord:- Selective inhibition Method	50.00	mg/dl	Male 35-80 Female 42-88
Instrument Name:MISPA PLUS **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Methord:- Calculated Method	144.67	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord:- Calculated	30.40	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	4.40		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	2.89		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	668.84	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues.

Comments: 1- ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all

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BIOCHEMISTRY

atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterolis used as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

2 -For calculation of CHD risk,history of smoking, any medication for hypertension & current B.P. levels are required.

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Methord:- DMSO/Diazo	0.85	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.25	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.60	mg/dl	0.30-0.70
SGOT Methord:- IFCC	23.9	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Methord:- IFCC	35.9	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	70.50	U/L	53.00 - 141.00
SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola	20.50	U/L	10.00 - 45.00

Interpretation: Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)are observed with infectious hepatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.80	g/dl	5.10 - 8.00
SERUM ALBUMIN Methord:- Bromocresol Green	3.85	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.95	gm/dl	2.20 - 3.50
A/G RATIO	1.31		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc.Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Methord:- Urease/GLDH	24.50	mg/dl	10.00 - 50.00

InstrumentName: MISPA PLUS **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Methord:- Jaffe's Method	1.36	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	3.84	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Methord:- Ion-Selective Electrode with Serum	135.0	mmol/L	135.0 - 148.0

Interpretation: Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss,Drugs,Oedematous states,Legionnaire's disease and other chest infections,pseudonatremia, Hyperlipidaemias and paraproteinaemias,endocrine diseases ,SIADH.

POTASSIUM Methord:- Ion-Selective Electrode with Serum	3.75	mmol/L	3.30 - 5.50

Interpretation: A. Elevated potassium (hyperkalaemia)• Artefactual,Physiological,Drugs, Pathological states,Renal failure Adrenocortical insufficiency, metabolic acidoses, very high platelet or white cell counts B. Decreased potassium (hypokalaemia)Drugs, Liquoric,Diarrhoea and vomiting,Metabolic alkalosis,Corticosteroid excess, Oedematous state,Anorexia nervosa/bulimia

CHLORIDE Methord:- Ion-Selective Electrode with Serum	99.0	mmol/L	95.0 - 106.0

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM Methord:- Arsenazo III Method	9.70	mg/dL	8.80 - 10.20

InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.80	g/dl	5.10 - 8.00

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SERUM ALBUMIN Methord:- Bromocresol Green	3.85	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.95	gm/dl	2.20 - 3.50
A/G RATIO	1.31		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	7.0		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

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CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

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Sex :- Male	Lab/Hosp :-		
	Company :- Mr.MEDI ASSIST TPA		

Final Authentication : 04/08/2022 16:53:30

CLINICAL PATHOLOGY

STOOL ANALYSIS

PHYSICAL EXAMINATION	
MUCUS	
BLOOD	
MICROSCOPIC EXAMINATION	
RBC's	/HPF
WBC/HPF	/HPF
OVA	
CYSTS	
OTHERS	

Collected Sample Received

MGR

Technologist

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave - II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mr. DEEPAK KUMAR CHUGH	Patient ID :-12221570	Date :- 04/08/2022	10:35:34
Age :- 37 Yrs 1 Mon 12 Days	Ref. By Doctor:-BANK OF BARODA		
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Final Authentication : 04/08/2022 16:53:30

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3	1.35	ng/m	0.60 - 1.81 ng/ml

Methord:- Chemiluminescence

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyrodism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4)	7.60	ug/dl	4.50 - 10.90 ug/dl

Methord:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

TSH	2.130	µIU/mL	0.35 - 5.5 >20 Years

Methord:- Chemiluminescence

Clinical Informaton:

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertary hypothyroidism and sometmes in nonthyroidal illness also.
Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (µg/dl) TSH (µIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0
Note: TSH levels are subject to circadian variaton, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.
The variaton is of the order of 50%. Hence tme of the day has influence on the measured serum TSH concentratons.

InstrumentName: VITROS ECI **Interpretation**: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

MGR

Technologist

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NAME :- Mr. DEEPAK KUMAR CHUGH		Patient ID :-12221570	Date :- 04/08/2022 10:35:34
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Final Authentication : 04/08/2022 16:53:30

IMMUNOASSAY

pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation** :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations t hat occur in subclinical hyperthyroidism. The performance of this assay has not been established forneonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

MGR

Technologist

DR.TANU RUNGTA
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+91 141 4824885 maxcarediagnostics1@gmail.com

MR. DEEPAK KUMAR CHUGH	37 Y/Male
Registration Date: 04/08/2022	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (12.9 cm). **Echo-texture is increased**. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is partially distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size (9.7 cm) and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.
Right kidney is measuring approx. 11.2 x 5.4 cm.
Left kidney is measuring approx. 10.6 x 5.5 cm.

Urinary bladder does not show any calculus or mass lesion.
Prevoid: 307 cc **Postvoid: 33 cc (borderline significant)**

Prostate is mildly **enlarged in size (measuring 3.5 x 4.6 x 3.6 cm, volume 31-32 cc) with mild indentation of base of urinary bladder by median lobe – grade 1 prostatomegaly with BPH likely.**

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pelvis.

IMPRESSION:

- **Grade 1 prostatomegaly with borderline significant postvoid urine retention as described above – likely BPH. Adv: Clinical/PSA correlation.**
- **Grade 1 fatty liver.**

Dr. SHALINI GOEL
MBBS, DNB (Radiologist)
RMC No. 21954
P-3 Health Solutions LLP


P3 Health Sloutions
04/08/2022 12:04:34 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.2
TIs 0.3
4C
N_ABD
LIVER
1 L 129.08 mm

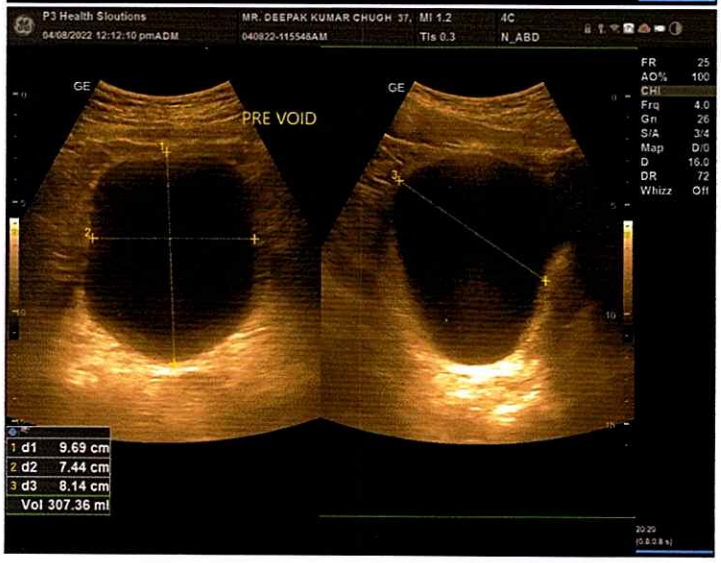

P3 Health Sloutions
04/08/2022 12:05:45 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.0
TIs 0.4
4C
N_ABD
GALLBLADDER


P3 Health Sloutions
04/08/2022 12:07:18 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.1
TIs 0.4
4C
N_ABD
RT KIDNEY
1 L 112.11 mm
2 L 54.13 mm


P3 Health Sloutions
04/08/2022 12:08:02 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.1
TIs 0.3
4C
N_ABD
PANCREAS


P3 Health Sloutions
04/08/2022 12:08:53 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.2
TIs 0.3
4C
N_ABD
URINARY BLADDER


P3 Health Sloutions
04/08/2022 12:10:31 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.2
TIs 0.3
4C
N_ABD
PROSTATE
1 d1 3.56 cm
2 d2 4.61 cm
3 d3 3.62 cm
Vol 31.10 ml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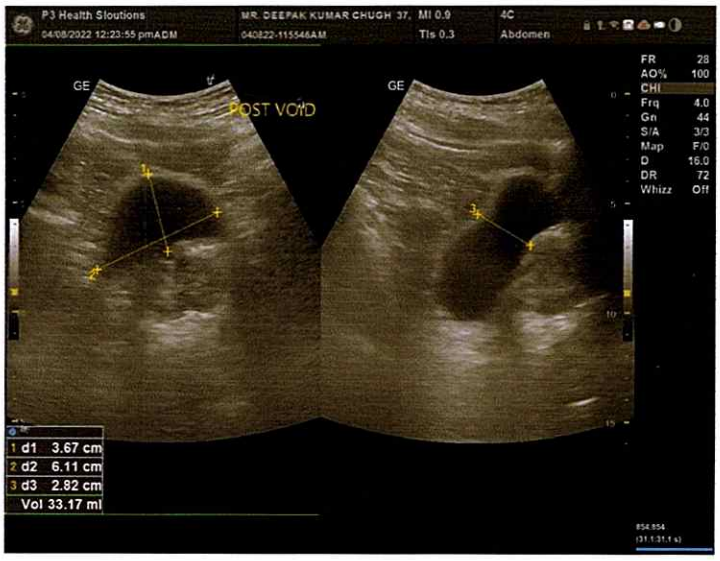
04/08/2022 12:12:10 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.2
TIs 0.3
4C
N_ABD
PRE VOID
1 d1 9.69 cm
2 d2 7.44 cm
3 d3 8.14 cm
Vol 307.36 ml


P3 Health Sloutions
04/08/2022 12:12:47 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.2
TIs 0.3
4C
N_ABD
SPLEEN
1 L 97.81 mm


P3 Health Sloutions
04/08/2022 12:13:15 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 1.1
TIs 0.4
4C
N_ABD
GE
LT KIDNEY
FR 26
AO% 100
CHI
Frq 4.0
Gn 27
S/A 3/4
Map F/0
D 15.0
DR 72
Whizz Off
1 L 106.35 mm
2 L 55.41 mm


P3 Health Sloutions
04/08/2022 12:23:55 pmADM
MR. DEEPAK KUMAR CHUGH 37,
040822-115546AM
MI 0.9
TIs 0.3
4C
Abdomen
GE
POST VOID
GE
FR 28
AO% 100
CHI
Frq 4.0
Gn 44
S/A 3/3
Map F/0
D 16.0
DR 72
Whizz Off
1 d1 3.67 cm
2 d2 6.11 cm
3 d3 2.82 cm
Vol 33.17 ml

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NAME:	MR. DEEPAK KUMAR CHUGH	AGE	37 YRS/M
REF.BY	BANK OF BARODA	DATE	04/08/2022

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

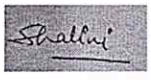
Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

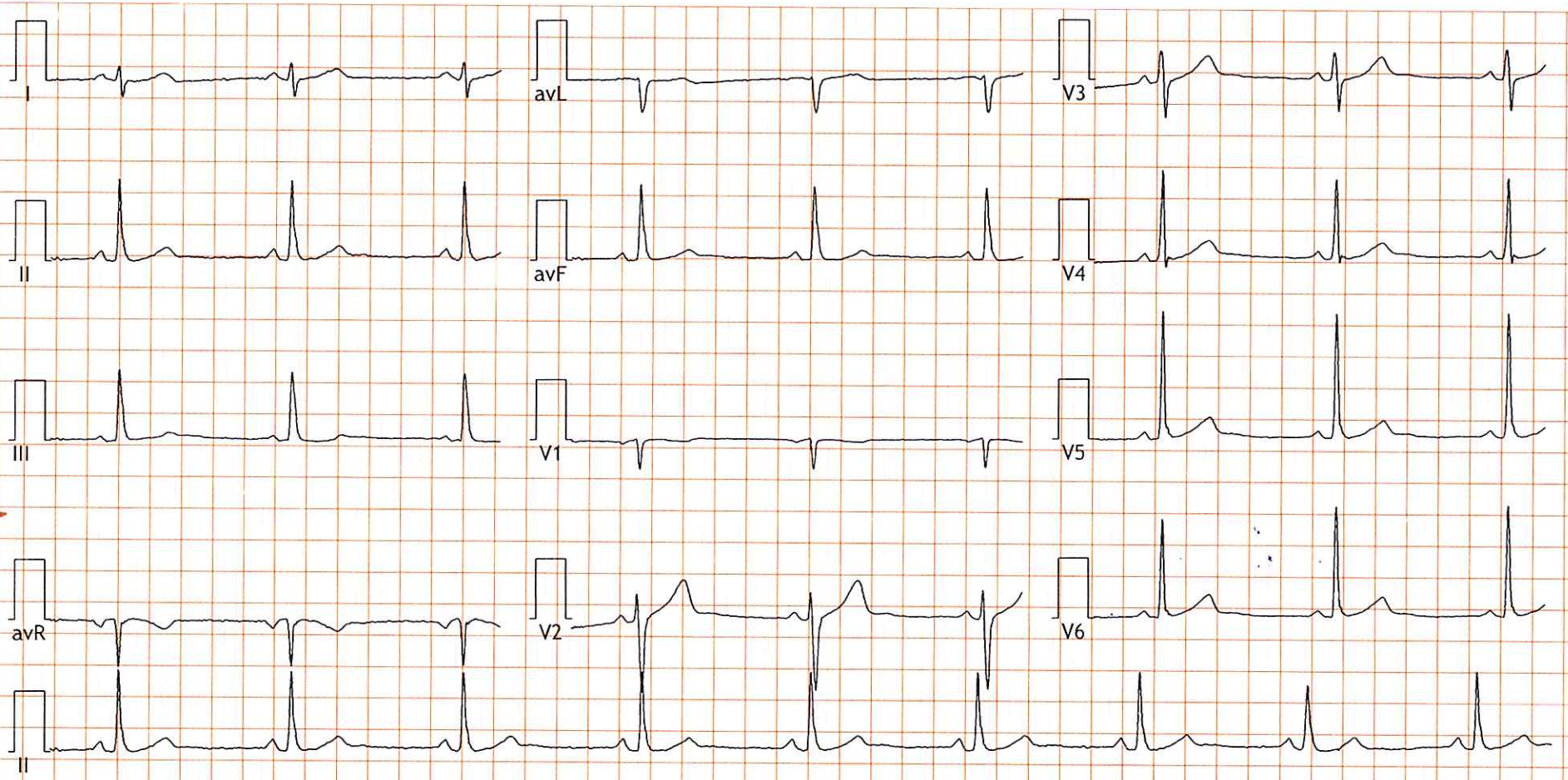
IMPRESSION: No significant abnormality is detected.



DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC No.: 21954

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur
12229292/Mr Deepak Kumar Chugh 37Yrs-9Months/Male Kgs/ Cms BP: ___/___ mmHg **HR: 53 bpm**
Ref.: BANK OF BARODA Test Date: 04-Aug-2022(1:01:57 P) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

PR Interval: 126 ms
QRS Duration: 126 ms
QT/QTc: 429/403ms
P-QRS-T Axis: 45 - 91 - 29 (Deg)



FINDINGS: Normal Sinus Rhythm
Vent Rate : 53 bpm; **PR Interval :** 126 ms; **QRS Duration:** 126 ms; **QT/QTc Int :** 429/403 ms
P-QRS-T axis: 45• 91• 29• (Deg)
Comments :

Sinus bradycardia

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

P3 HEALTH SOLUTIONS LLP

Summary

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221572/MR DEEPAK KUMAR CHUGH 37 Yrs/Male 0 Kg/0 Cms

Date: 04-Aug-2022 01:03:40 PM

Ref.By : BANK OF BARODA

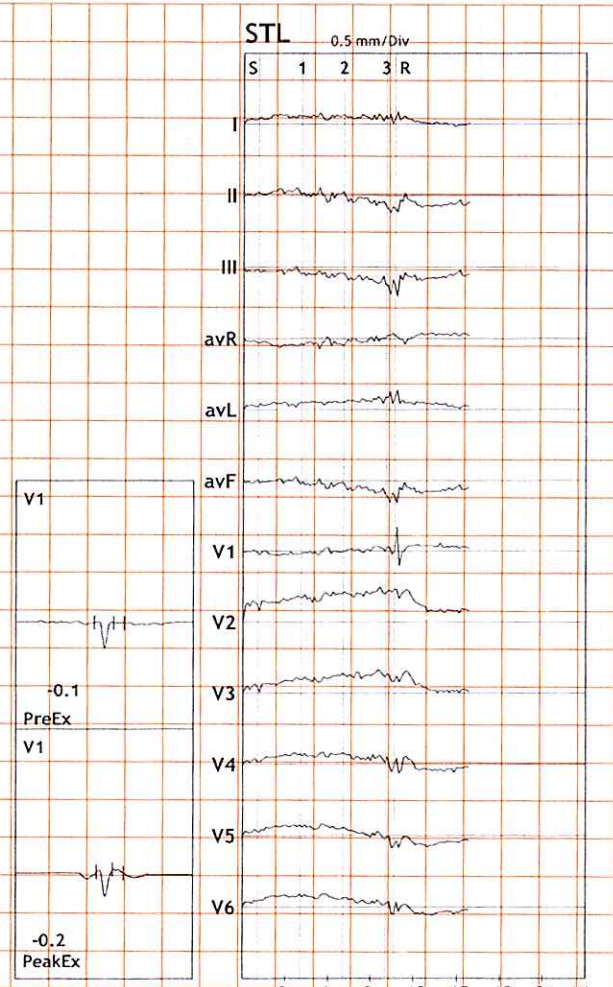
Protocol : BRUCE

Medication :

History :

Objective :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	50	115/75	57	-	
Standing					1.0	72	115/75	82	-	
HV					1.0	94	115/75	108	-	
ExStart					1.0	93	115/75	106	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	97	120/75	116	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	115	125/80	143	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	139	130/80	180	-	
PeakEx	0:39	9:40	4.2	16.0	10.9	146	130/80	189	-	
Recovery	1:00		0.0	0.0	4.3	109	130/80	141	-	
Recovery	2:00		0.0	0.0	1.0	92	145/85	133	-	
Recovery	3:00		0.0	0.0	1.0	83	140/85	116	-	
Recovery	4:00		0.0	0.0	1.0	80	130/80	104	-	
Recovery	5:00		0.0	0.0	1.0	83	125/75	103	-	



Findings :

Exercise Time :09:39

Max HR Attained :146 bpm 80% of Max Predictable HR 183

Max BP : 145/85(mmHg)

Max WorkLoad attained :10.9(Good Effort Tolerance)

Advice/Comments:

Base line ecg show wnl There is no significant st-t changes seen during exercise & recovery However bcoz of fatigue & leg Pain client cudnt achiev his THR 80% inview of THR TMT inconclusive for RMI

Correlate clinically

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 68 bpm
METS: 1.0
BP: 115/75

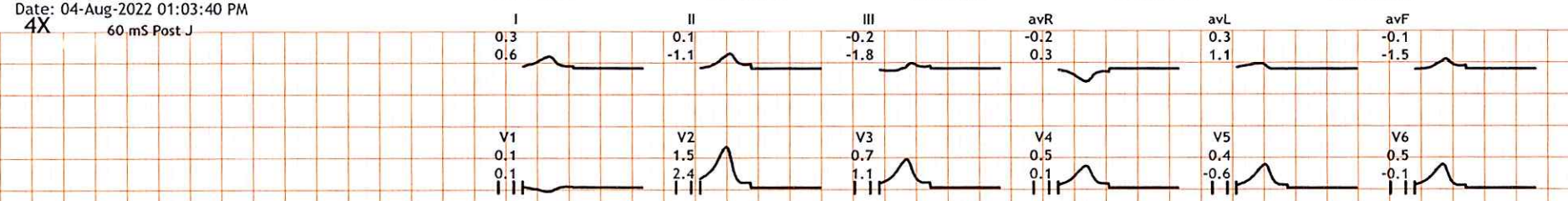
MPHR:37% of 183
Speed: 0.0 mph
Grade: 0.0%

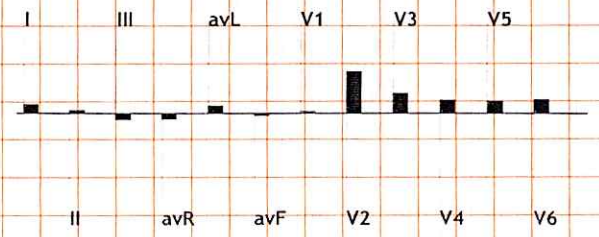
Raw ECG
BRUCE
(1.0-35)Hz

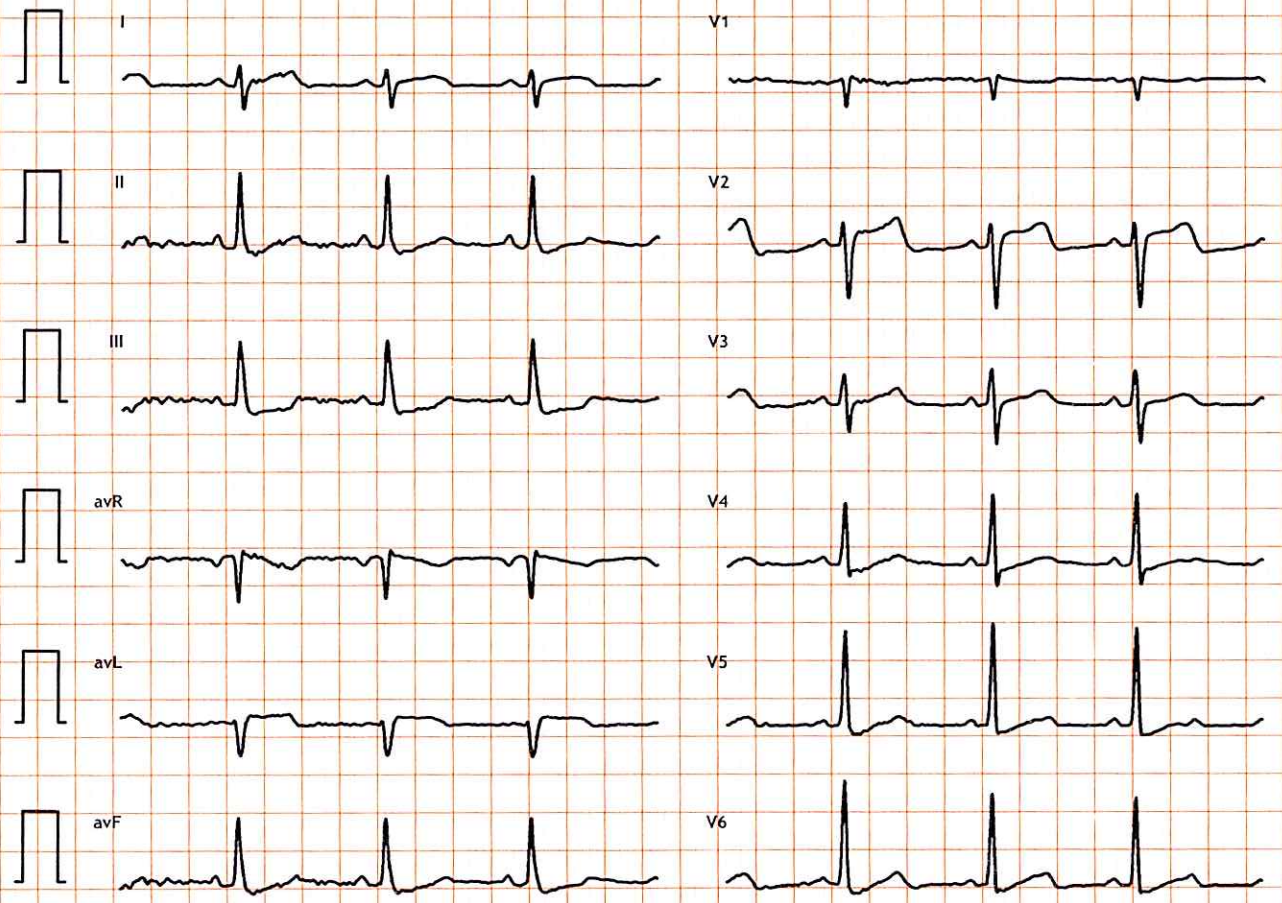
Ex Time 00:49
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

4X 60 mS Post J







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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 146 bpm
METS: 10.9
BP: 130/80

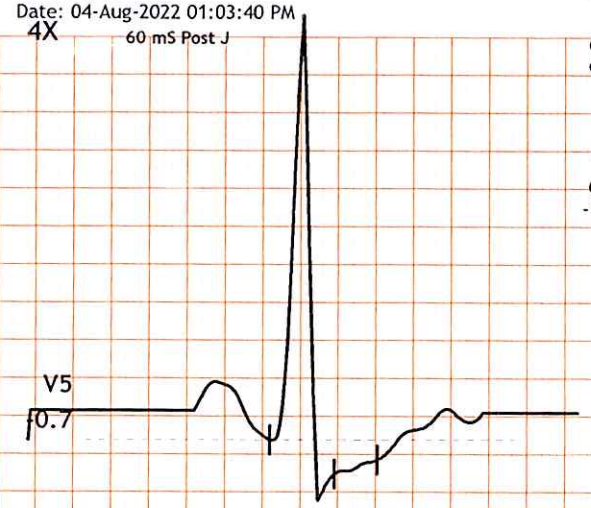
MPHR:79% of 183
Speed: 4.2 mph
Grade: 16.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:37
BLC :On
Notch :On

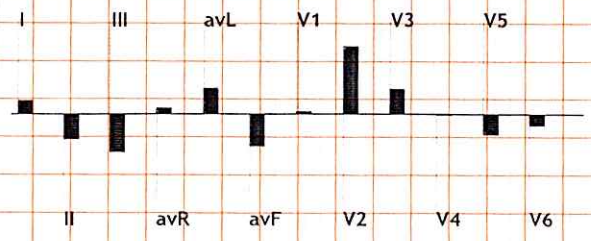
BRUCE:PeakEx(0:37)
10.0 mm/mV
25 mm/Sec.

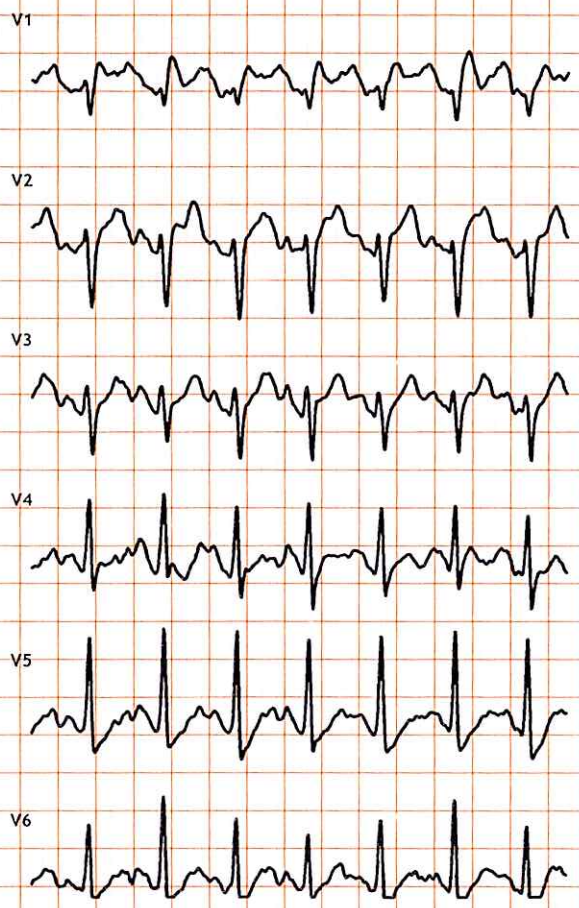
12 Lead + Median



I	II	III	avR	avL	avF
0.5	-0.9	-1.3	0.2	0.9	-1.1
0.9	0.5	-0.4	-0.7	0.7	0.0

V1	V2	V3	V4	V5	V6
0.1	2.4	0.9	0.0	-0.7	-0.4
-1.6	3.8	2.4	2.0	0.8	0.7





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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

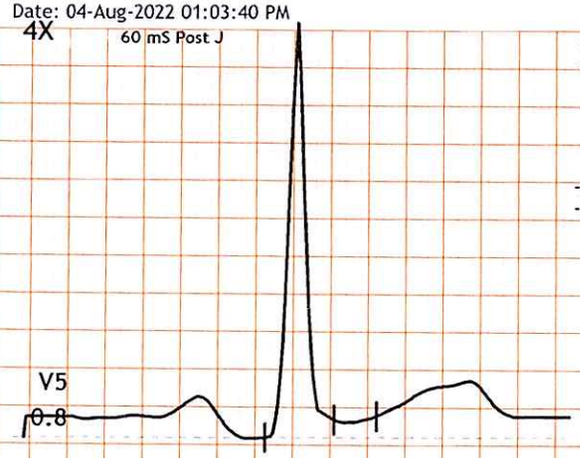
HR: 96 bpm
METS: 4.7
BP: 120/75

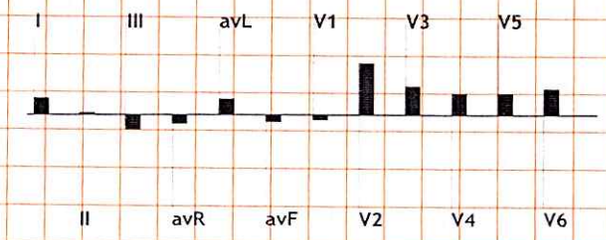
MPHR:52% of 183
Speed: 1.7 mph
Grade: 10.0%

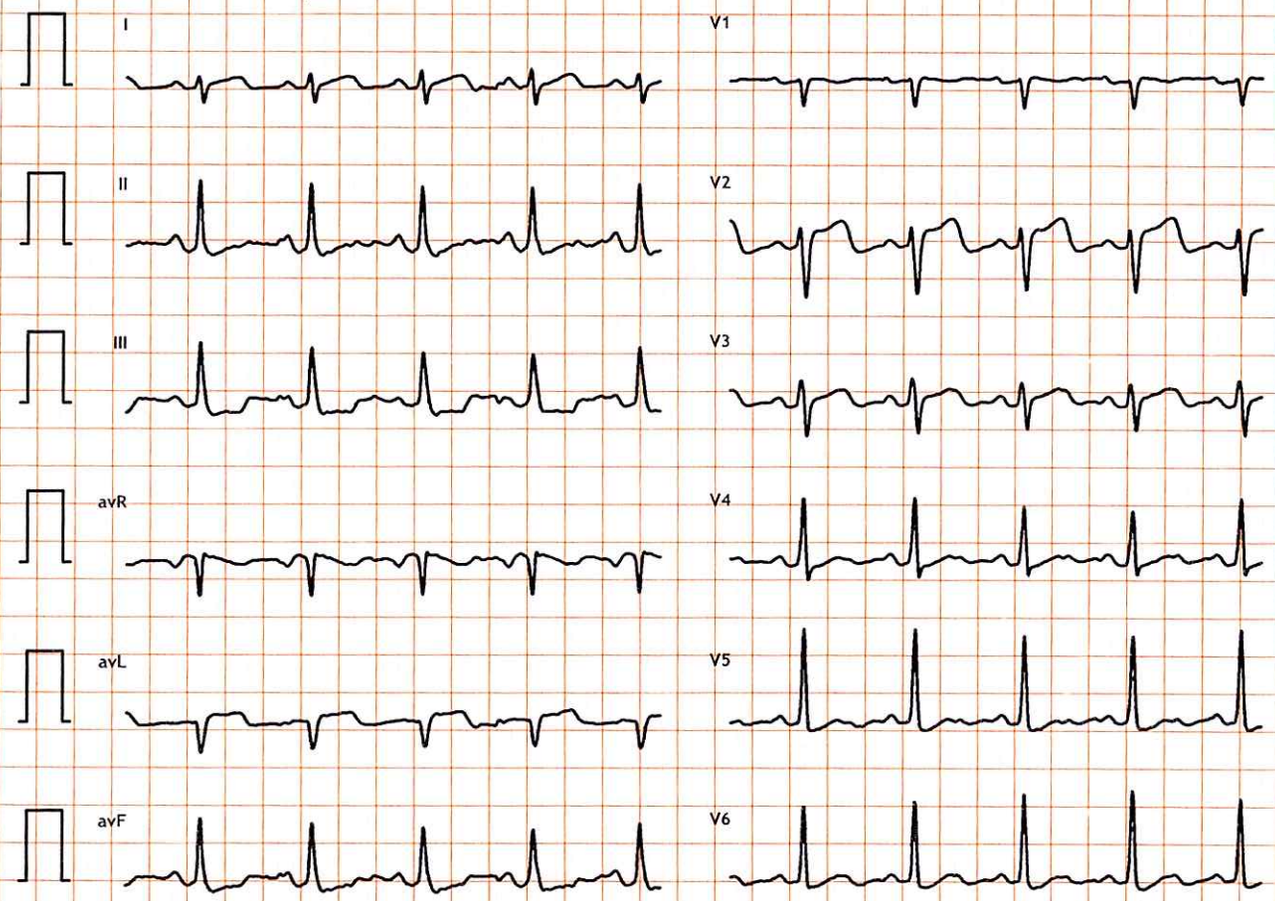
Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch :On

BRUCE:Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.







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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 50 bpm
METS: 1.0
BP: 115/75

MPHR:27% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

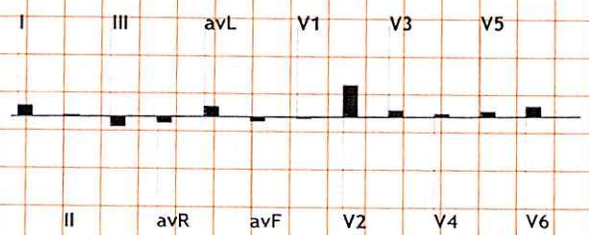
Ex Time 00:32
BLC :On
Notch :On

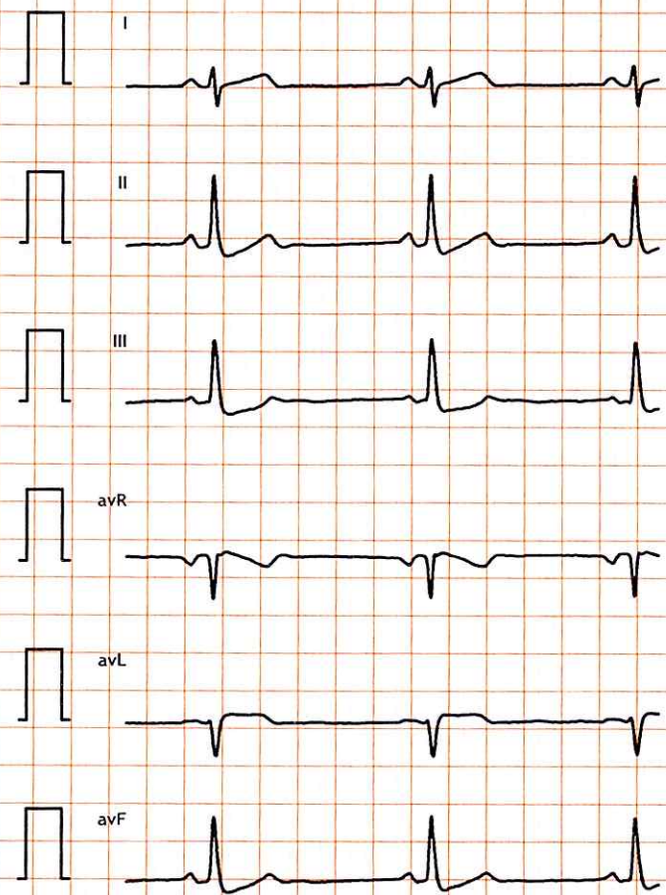
Supine
10.0 mm/mV
25 mm/Sec.

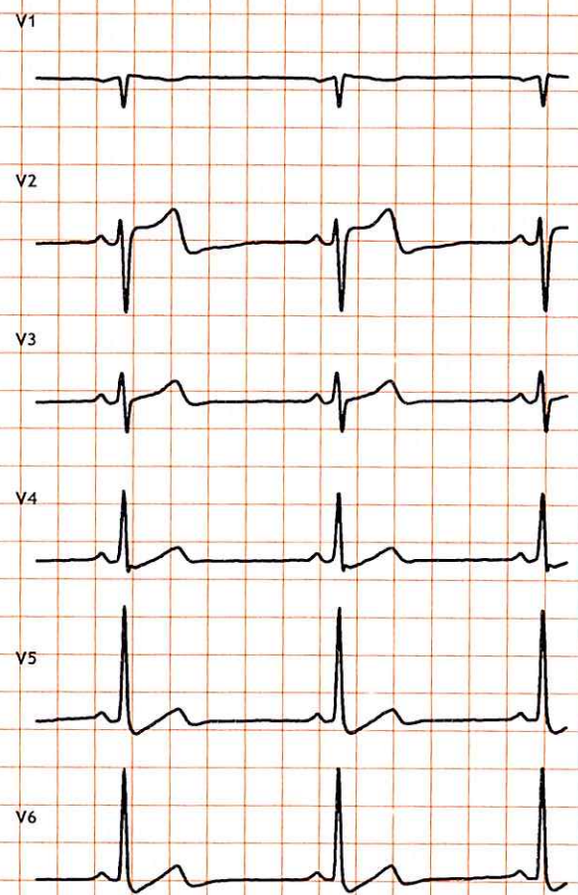
4X 60 mS Post J

I	II	III	avR	avL	avF
0.4	0.0	-0.3	-0.2	0.4	-0.1
0.5	-0.6	-1.4	0.1	0.9	-0.9

V1	V2	V3	V4	V5	V6
0.0	1.1	0.2	0.1	0.2	0.4
0.0	1.8	0.6	-0.1	-0.5	-0.1







P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

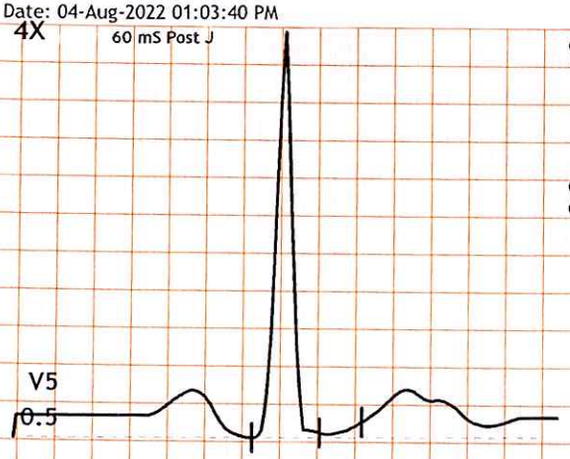
HR: 114 bpm
METS: 7.1
BP: 125/80

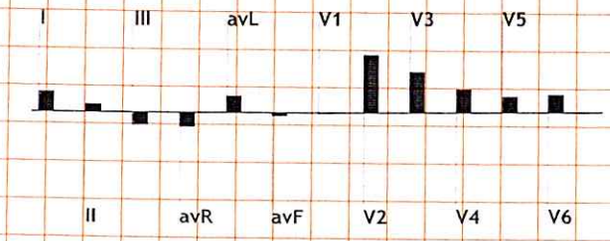
MPHR:62% of 183
Speed: 2.5 mph
Grade: 12.0%

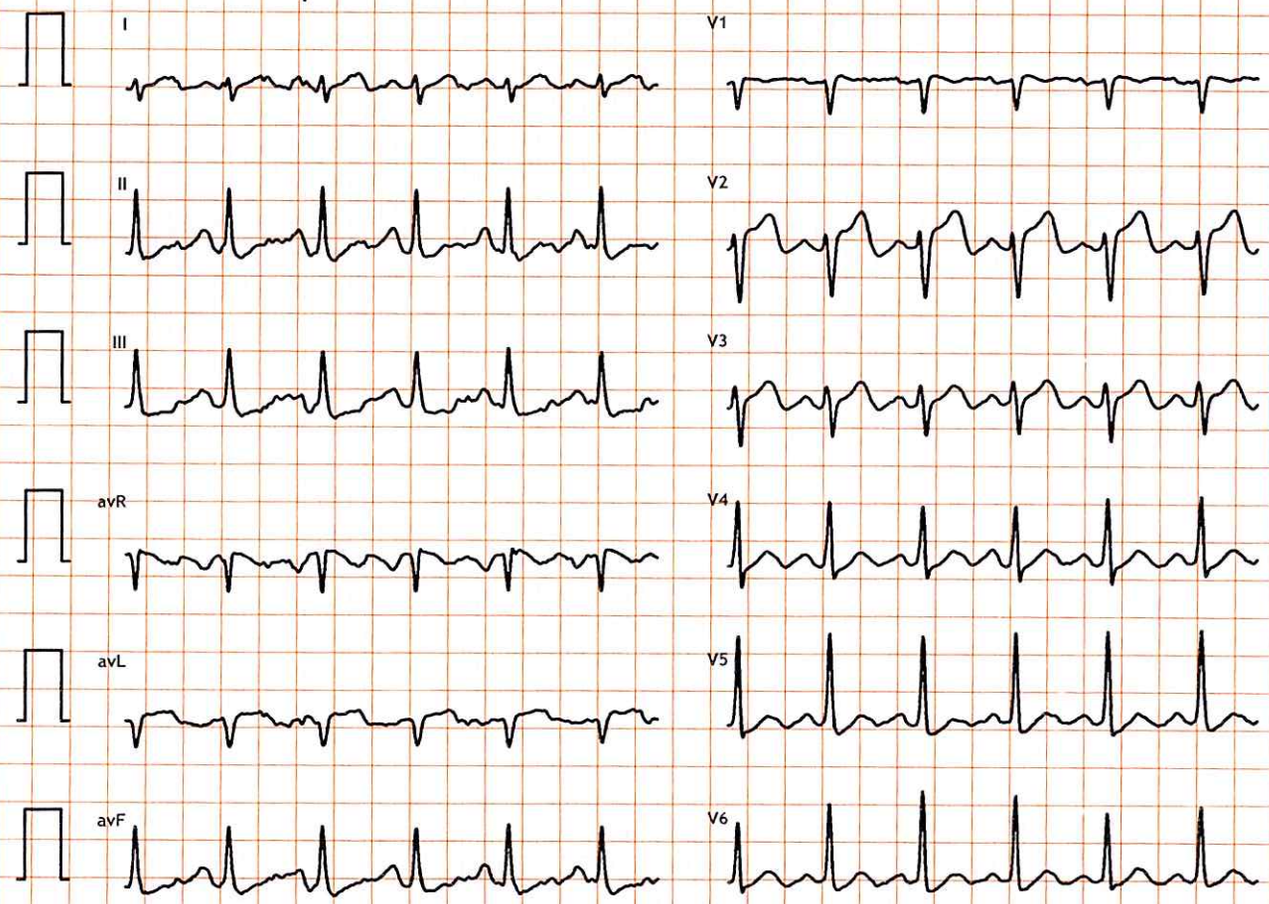
Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 05:59
BLC :On
Notch :On

BRUCE:Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.







P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 91 bpm
METS: 1.0
BP: 115/75

MPHR:49% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

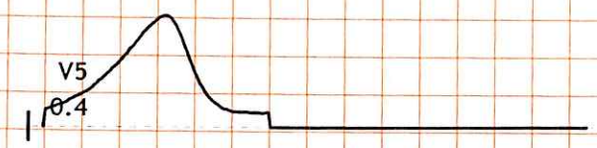
Ex Time 00:58
BLC :On
Notch :On

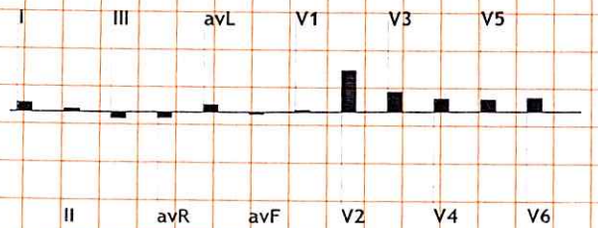
HV
10.0 mm/mV
25 mm/Sec.

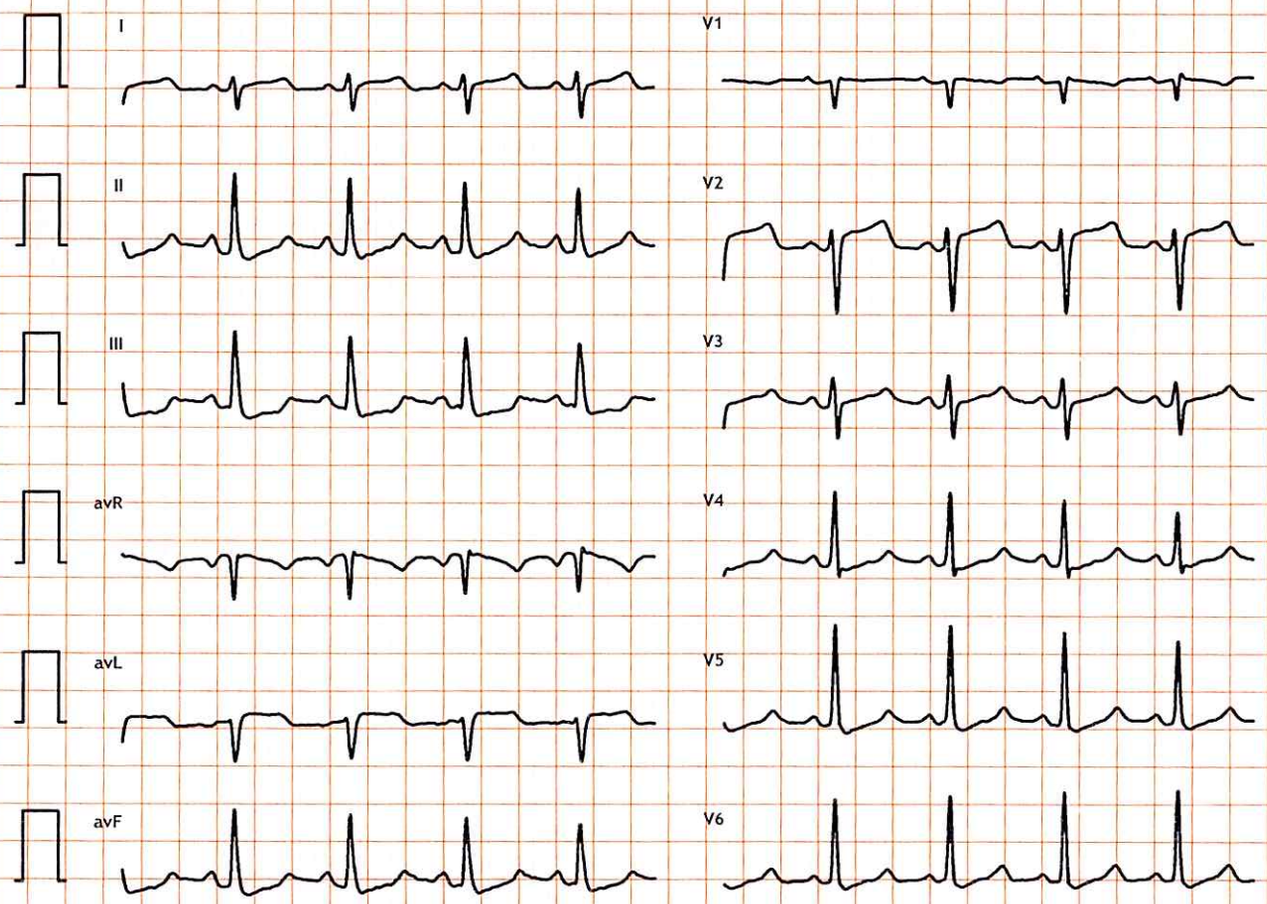
4X 60 mS Post J

I	II	III	avR	avL	avF
0.3	0.1	-0.2	-0.2	0.3	-0.1
0.6	-1.1	-1.8	0.3	1.1	-1.5

V1	V2	V3	V4	V5	V6
0.1	1.5	0.7	0.5	0.4	0.5
0.1	2.4	1.1	0.1	-0.6	-0.1







P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

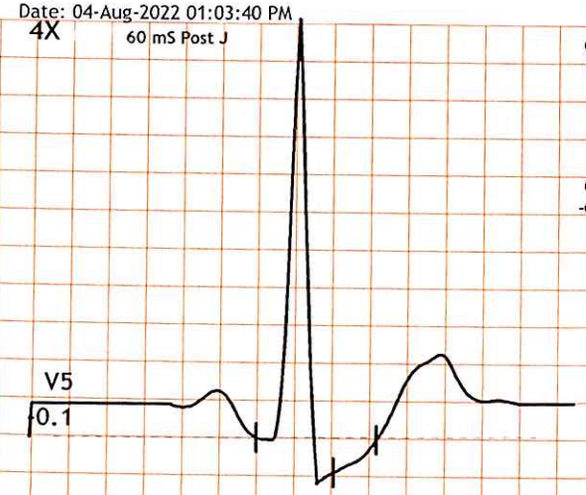
HR: 109 bpm
METS: 4.4
BP: 130/80

MPHR:59% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

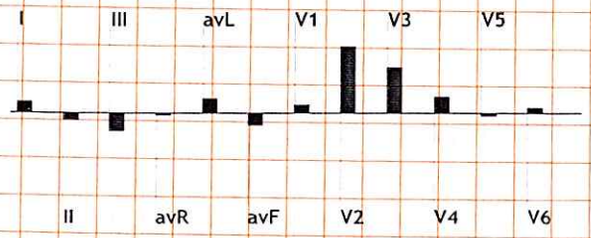
Ex Time 09:39
BLC :On
Notch :On

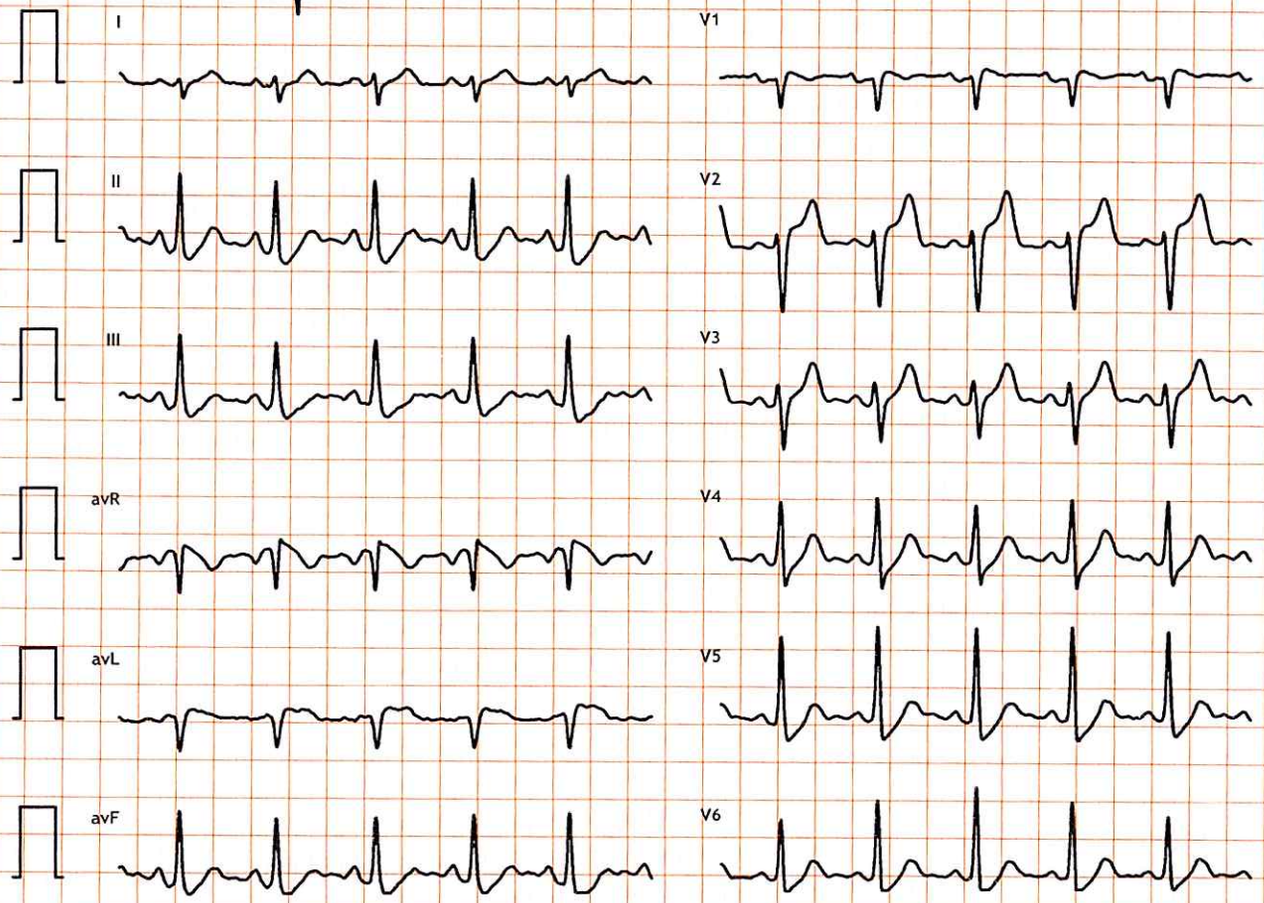
Recovery(1:00)
10.0 mm/mV
25 mm/Sec.



I	II	III	avR	avL	avF
0.4	-0.2	-0.6	-0.1	0.5	-0.4
1.2	1.6	0.4	-1.4	0.4	1.0

V1	V2	V3	V4	V5	V6
0.3	2.3	1.6	0.6	-0.1	0.2
-0.3	3.8	3.4	2.6	1.9	1.9





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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

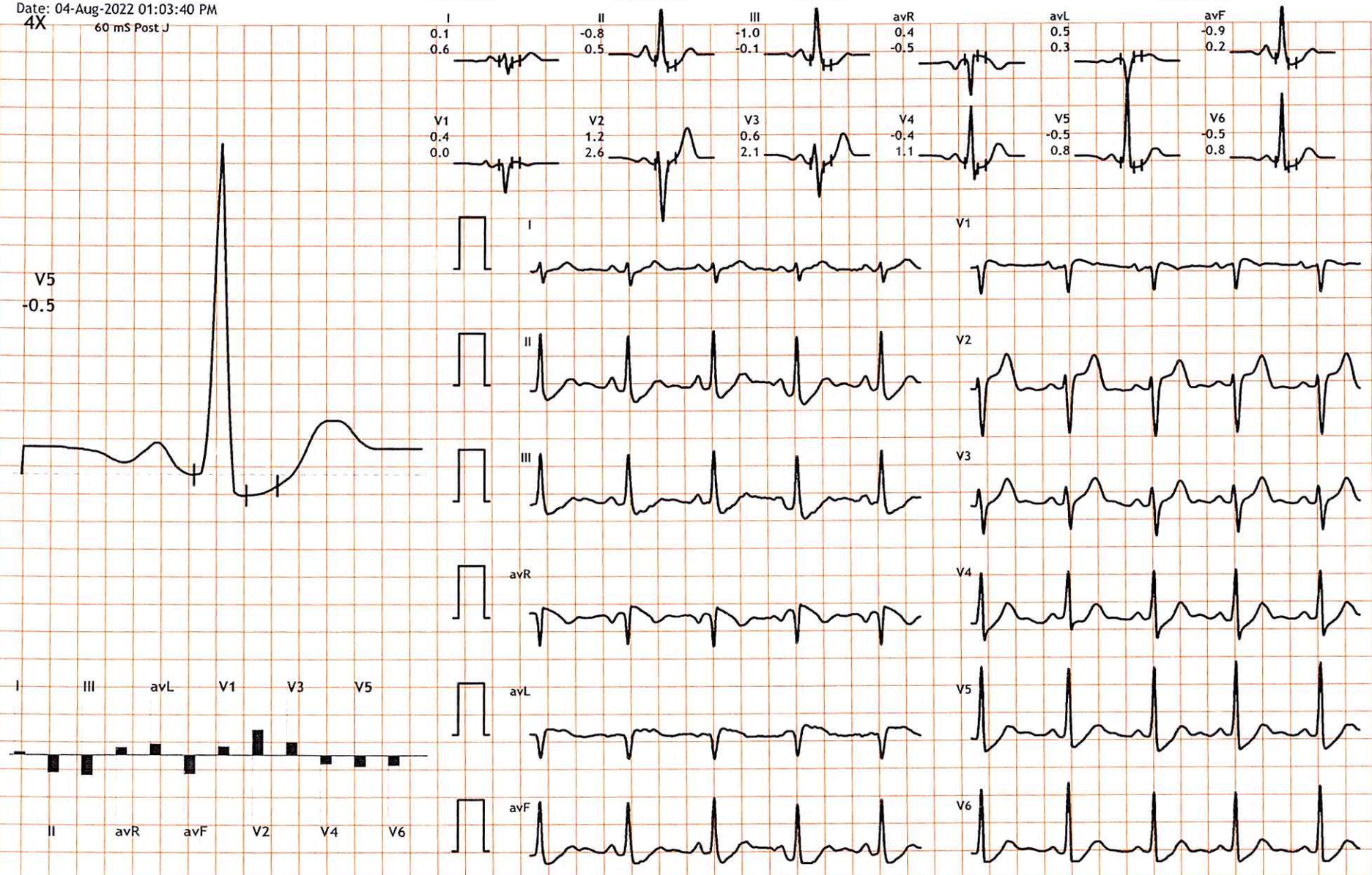
HR: 92 bpm
METS: 1.0
BP: 145/85

MPHR:50% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:39
BLC :On
Notch :On

Recovery(2:00)
10.0 mm/mV
25 mm/Sec.



P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 82 bpm
METS: 1.0
BP: 140/85

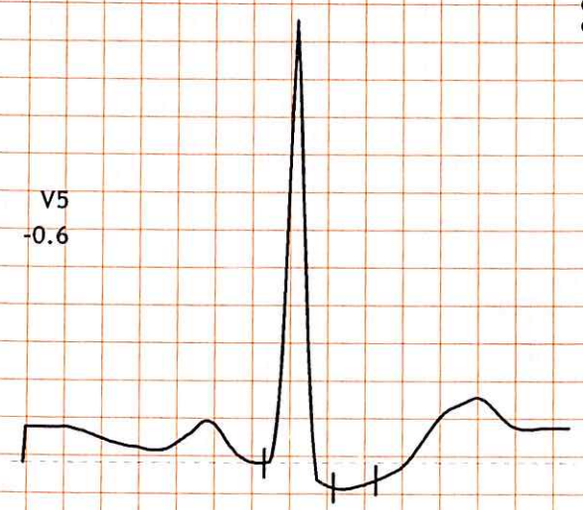
MPHR:44% of 183
Speed: 0.0 mph
Grade: 0.0%

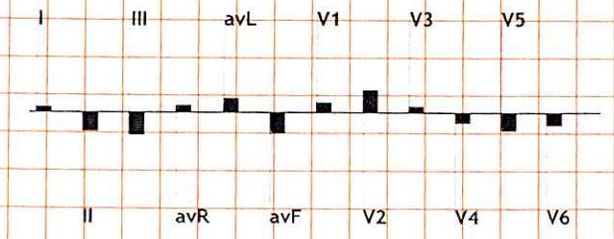
Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:39
BLC :On
Notch :On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.

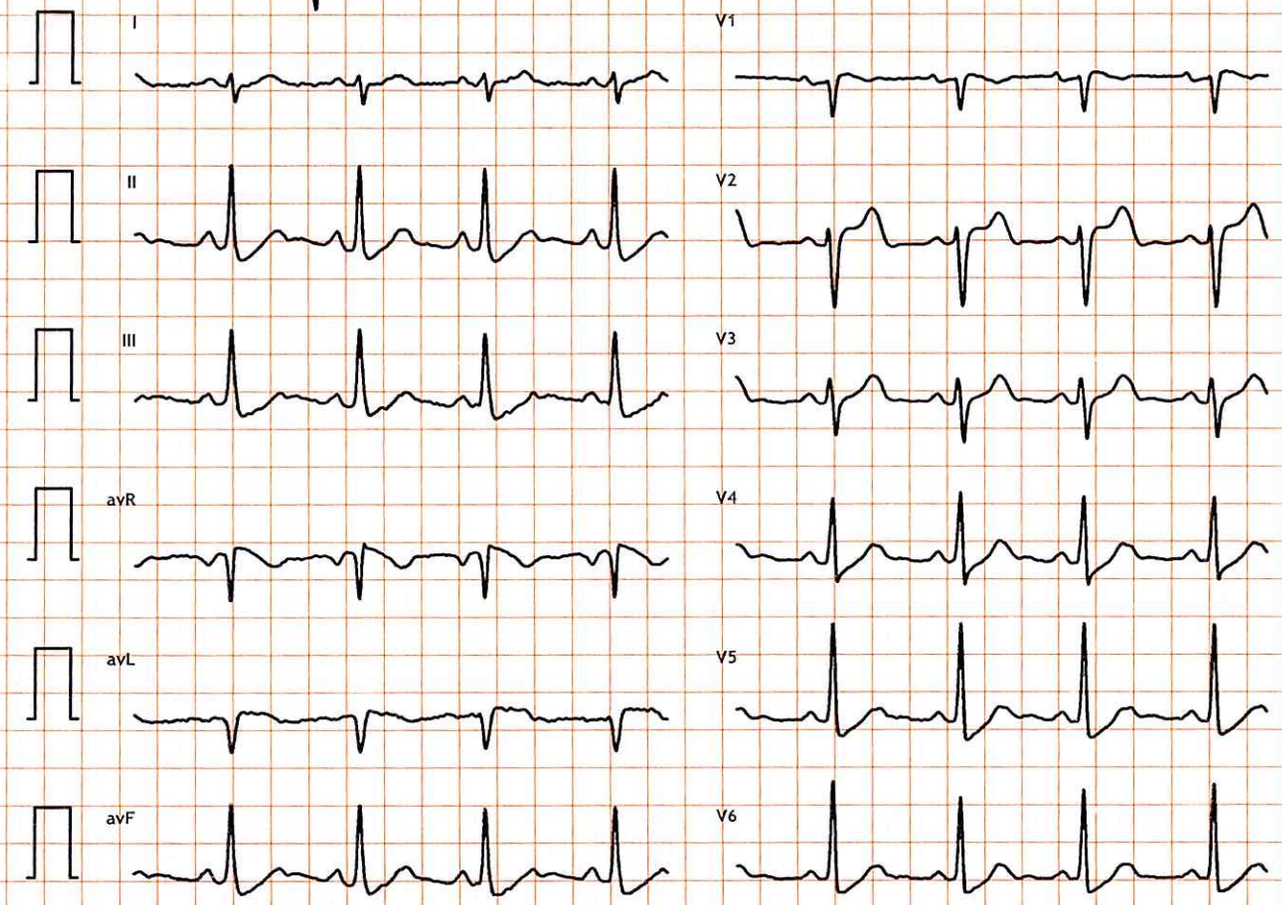
4X 60 mS Post J





I	II	III	avR	avL	avF
0.2	-0.7	-0.8	0.2	0.5	-0.7
0.7	0.3	-0.4	-0.5	0.5	0.0

V1	V2	V3	V4	V5	V6
0.3	0.8	0.2	-0.3	-0.6	-0.4
0.1	2.0	1.4	0.8	0.4	0.6



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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

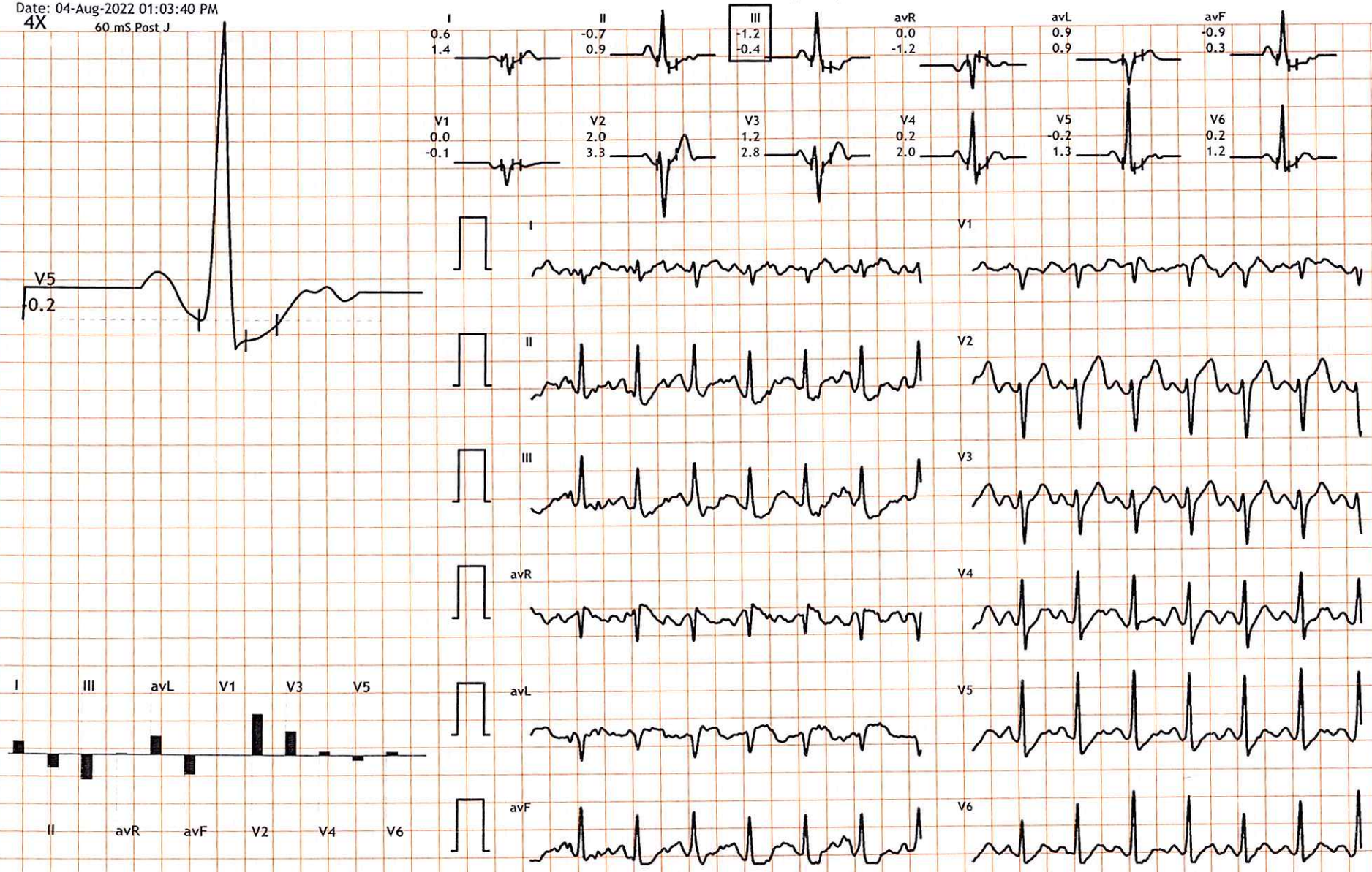
HR: 138 bpm
METS: 10.2
BP: 130/80

MPHR:75% of 183
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 08:59
BLC :On
Notch :On

BRUCE:Stage 3(3:00)
10.0 mm/mV
25 mm/Sec.



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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

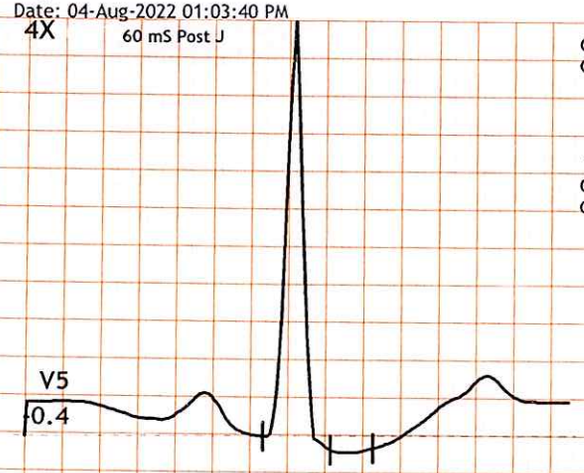
HR: 79 bpm
METS: 1.0
BP: 130/80

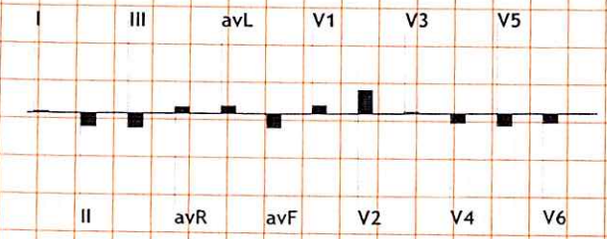
MPHR:43% of 183
Speed: 0.0 mph
Grade: 0.0%

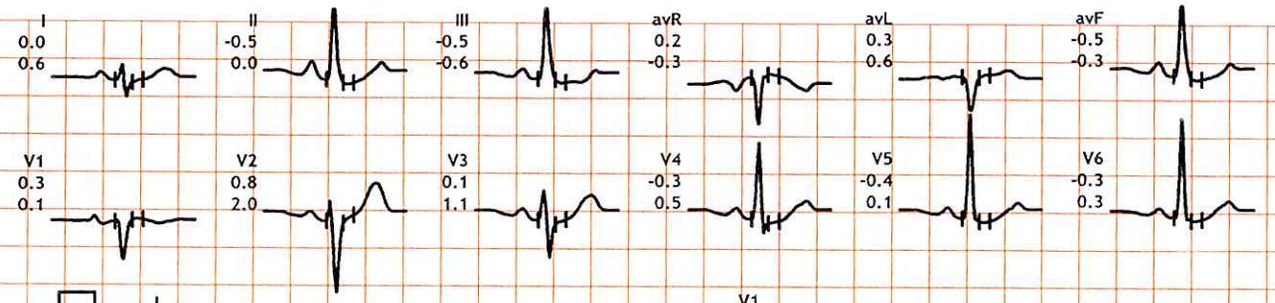
Raw ECG
BRUCE
(1.0-35)Hz

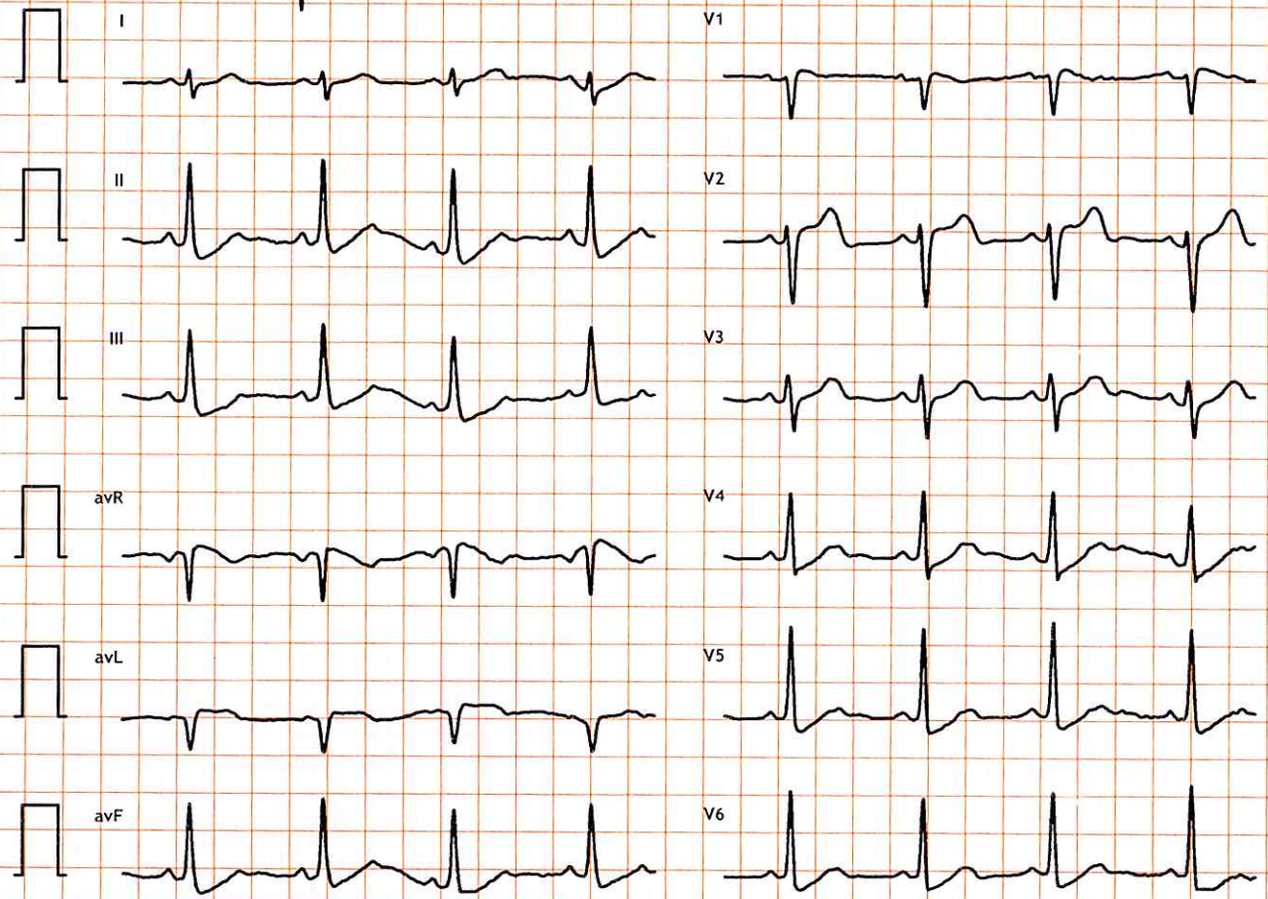
Ex Time 09:39
BLC :On
Notch :On

Recovery(4:00)
10.0 mm/mV
25 mm/Sec.









P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221572/MR DEEPAK KUMAR CHUGH
37 Yrs/Male
0 Kg/0 Cms
Date: 04-Aug-2022 01:03:40 PM

HR: 82 bpm
METS: 1.0
BP: 125/75

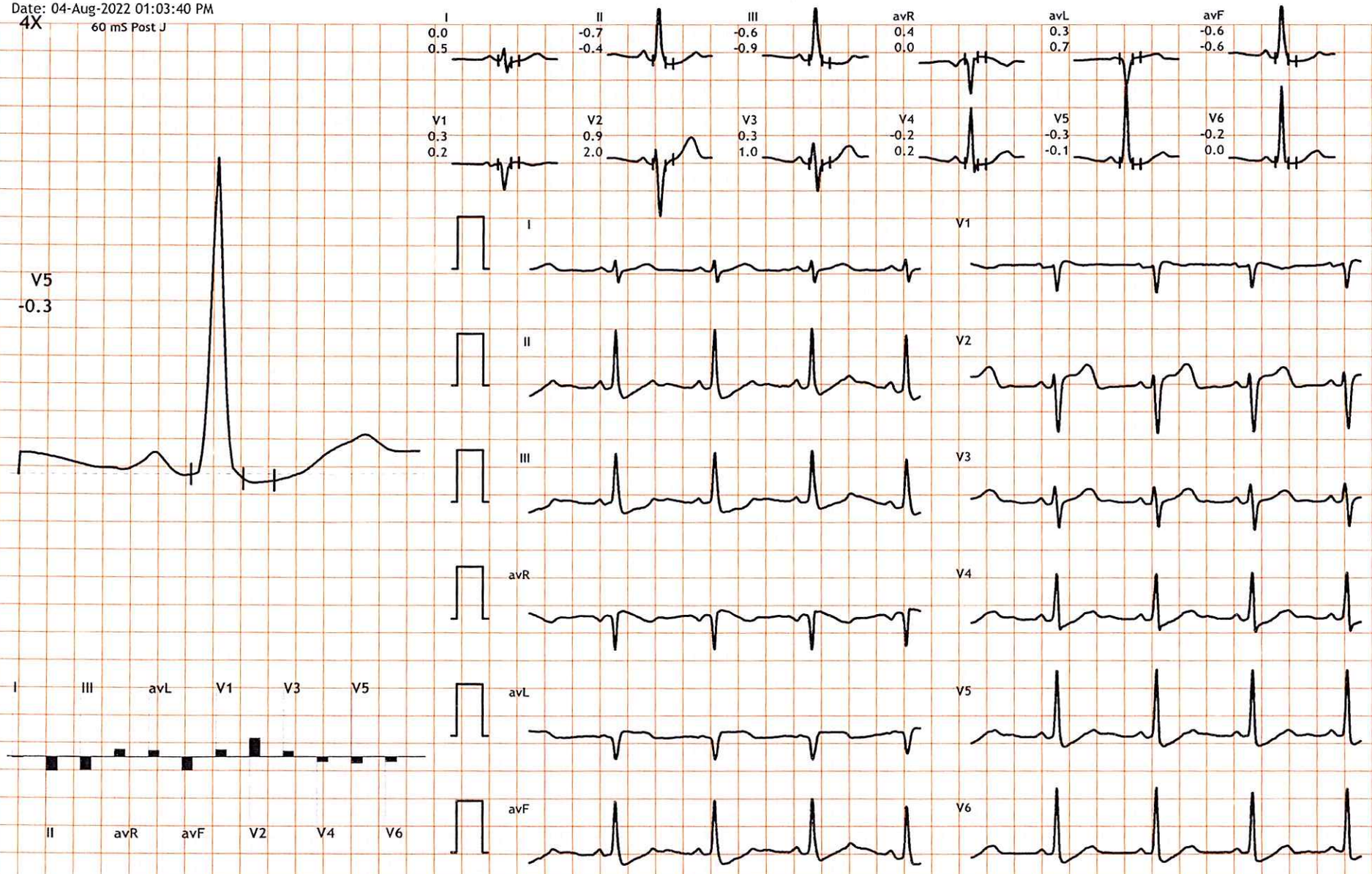
MPHR:44% of 183
Speed: 0.0 mph
Grade: 0.0%

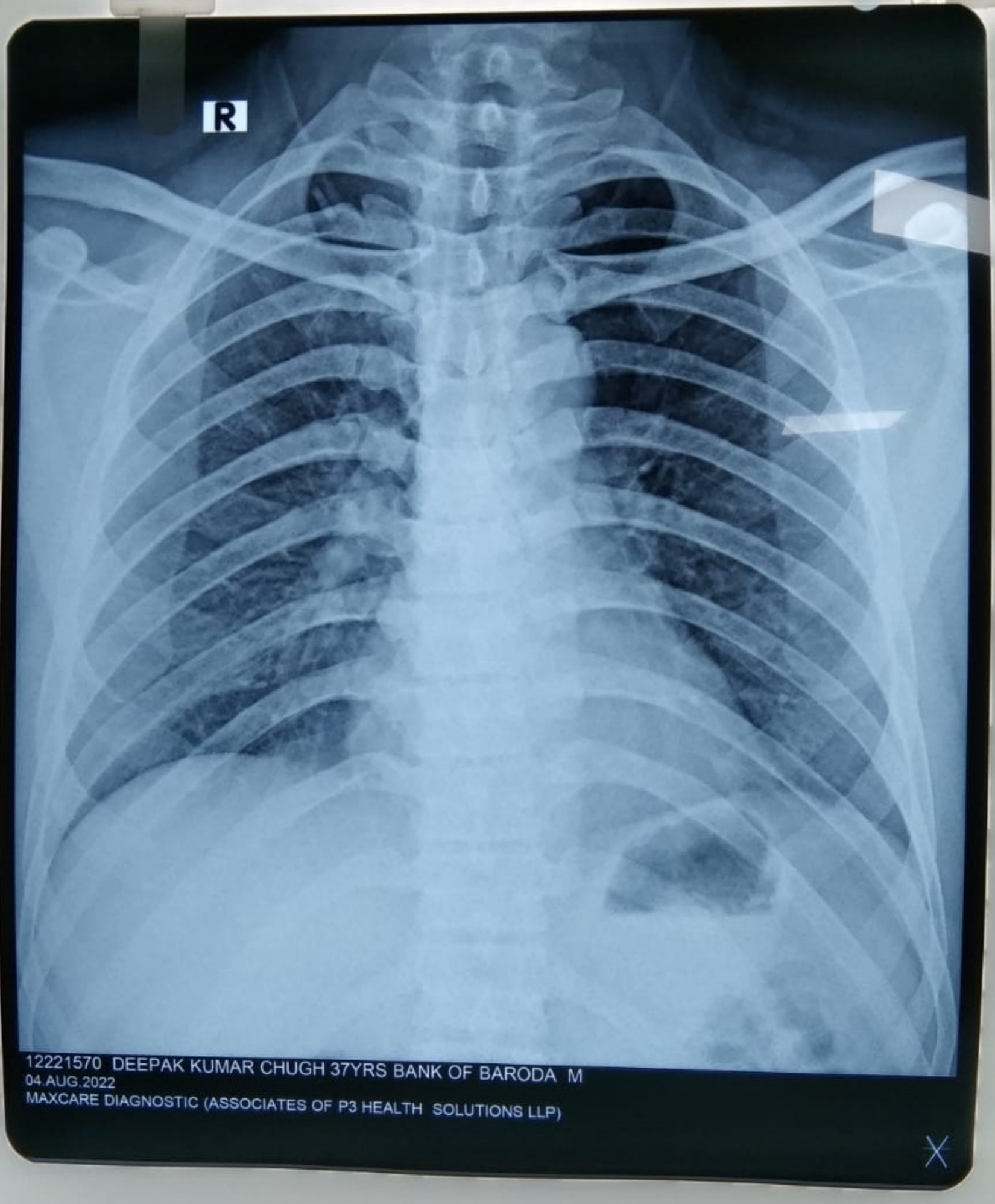
Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 09:39
BLC :On
Notch :On

Recovery(5:00)
10.0 mm/mV
25 mm/Sec.

12 Lead + Median




R
12221570 DEEPAK KUMAR CHUGH 37YRS BANK OF BARODA M
04.AUG.2022
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)